



Big Walnut Heroes F.C.

Tryout registration/release form

Please type or print clearly

Tryout# _____

Player's information

Player's Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____ DOB _____

Age Group (check one)

Gender

U10 U11 U12 U13 U14 U15

Male Female

Parent/Guardian Information

Mother's Name _____ Last Name _____

Mother's email _____ Phone number _____

Father's Name _____ Last Name _____

Father's email _____ Phone number _____

Emergency Contact _____ Phone Number _____

Preferred Communication format

Email Address _____ Text# _____ Phone# _____

Liability Waiver and Statement of Understanding

By signing below, I the parent or legal guardian of the player listed above, ask that he/she be admitted to tryouts for Big Walnut Soccer Association (BWSA) and Heroes F.C. (HFC). I understand the risks and hazards associated with my child's participation in the Tryouts and certify that my child is in good health and give my permission for his/her participation in the Tryouts. I authorize all emergency and medical treatment, which may be needed in the event of any injury. I also understand that primary insurance coverage is my own responsibility. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless BWSA, HFC, each of its directors, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the Tryouts or in the course of competition and/or activities held in connection with the Tryouts.

BWSA & BWHFC have permission to photograph my child for the sole purpose of identification during the Tryouts.

Acknowledgement and Consent (Above and Below)

If selected to play for the Heroes F.C., the undersigned agrees and understands that players are carded to their teams for a period of one year beginning July 1 and ending June 30 of the following year. A non-refundable deposit of \$200 is due at first team meeting. Please make sure that you and your child are prepared to make the ANNUAL commitment PRIOR to accepting the position. The undersigned consents and agrees that the above named child may become a member of the Heroes F.C. By signing, you understand and acknowledge the Liability Waiver and Statement of Understanding.

Name (Parent/Guardian) _____

Signature, _____ Date _____